

Thomas O. Forslund, Director

Governor Matthew H. Mead

**WYOMING OFFICE OF EMERGENCY MEDICAL SERVICES
LICENSURE/CERTIFICATION INFORMATION**

Dear Applicant:

Welcome! Thank you for your interest in seeking certification in Wyoming. The following information will assist you in obtaining Wyoming EMS certification. Acceptable EMS training programs are Division approved or those accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

You will need to complete this application in its entirety. Incomplete applications will not be accepted and returned to the applicant for completion.

All levels of EMS licensure/certification are required to submit the following:

- 1) If you have obtained licensure or certification in another state or possess current NREMT certification you must provide a front and back copy of your current certification.
- 2) All applicants must supply their course information, including copy of course certificate of completion and documentation of clinical, lab, internship, field and didactic hours.
- 3) A front and back copy of your current BLS Healthcare Provider (CPR) card from the American Heart Association or the equivalent.

In addition to the above documentation and certification requirements you need to submit the following information:

Current front and back copy of your ACLS card for Intermediate and Paramedic applicants.

Paramedic

Acceptable Paramedic training programs are those accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Paramedic training programs that are not accredited by the CAAHEP shall be evaluated and reviewed for approval on a case-by-case basis prior to any testing. All Paramedic training programs must meet the minimum requirements as outlined in the United States Department of Transportation's National Education Standards for Paramedics.

Submit the following documents:

- ___ Completed Application
- ___ Photocopy of Government Issued Identification (front and back)
- ___ Copy of CPR Card (front and back)
- ___ Copy of ACLS Card (if applicable) (front and back)
- ___ Copy of Current EMS credentials or Course Completion Documentation
- ___ Copy of Course Outline/Syllabus (including physical/clinical hours attended)

Any individual desiring to be certified shall have completed and submitted a Federal Bureau of Investigation criminal background check and a State of Wyoming Division of Criminal Investigation background check to include fingerprinting. (“Wyoming Emergency Medical Services Act of 1977” W.S. 33-36-101 (2008 Revision)) *See Attachment A.*

Once you have successfully completed all paperwork, provided all requested documentation, and passed the examination for your licensure/certification level, you will be eligible for Wyoming EMS licensure/certification.

Please note it may take up to 45 days to process your paperwork once your application has been approved and all documentation and testing has been completed.

Attachments

Attachment A: Criminal Background Instructions (WYOEMS-02)

SEND ALL ELECTRONIC DOCUMENTS TO: ems-licensing@wyo.gov

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APPLICATION FOR LICENSURE/CERTIFICATION
INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED**Name of Applicant:**

_____	_____	_____
Last	First	Middle

Mailing Address:

_____	_____	_____	_____
Street or PO Box	City	State	Zip

_____	_____	_____	_____	_____	_____	_____
Birthdate	Sex	Age	Height	Weight	Eye Color	Hair Color

_____	_____	_____
Home Phone	Cell Phone	Business Phone

_____	_____
Email Address	Social Security Number

Licensure/Certification Level Requested

Type of service you will be affiliating with: _____

Name of Service: _____

Mailing Address:

_____	_____	_____	_____
Street or PO Box	City	State	Zip

Have you previously applied for Wyoming certification: ____ Yes ____ No

If yes, when did you apply: _____

What previous names have you applied under: _____

Check the Box if you are currently a Full-Time Federal Employee or an active duty member of the Armed Services

Crimes against a Person, Felony Conviction, and Licensing Action:

Have you ever been convicted of a crime against a person? ____ Yes ____ No

Have you ever been convicted of a felony? ____ Yes ____ No

Have you ever been subjected to limitations, suspensions or terminations of your right to practice in a health care occupation or voluntarily surrendered a health care license in any State or to any agency authorizing the legal right to work? ____ Yes ____ No

If you answered “**Yes**” to any questions above, you must provide official documentation of current status and disposition of the case. Eligibility for certification will be handled on a case by case basis.

Current Licensure/Certification:

License/Certification Number Level of Certification Date of Expiration State

National Registry Number Date of Expiration

Course Information (all levels must complete):

School/Training Agency City State

Course Coordinator Course Medical Director Start Date End Date

Classroom Hours Clinical Hours Field Internship Hours

For Paramedic Programs Only:

Was your course accredited by CAAHEP: ____ Yes ____ No

I certify that all statements made on this application are true and correct. I authorize the Wyoming Office of Emergency Medical Services to contact such agencies as may be necessary to verify this information. This shall also serve as a release for said agencies to provide information to the Wyoming Office of Emergency Medical Services.

False statements shall result in denial of licensure/certification in the State of Wyoming.

Printed Name of applicant

Signature of applicant Date

If you have any questions regarding this process, please contact the Wyoming Office of Emergency Medical Services at 307-777-7955.